

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		7/10/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A	551	7/17/00
RESPONSE FORMALITY REVIEW	JK	635	7/14/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	11/13/00
2	11/13/00
3	11/13/00
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
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25	✓
26	✓
27	✓
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29	÷
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31	÷
32	÷
33	÷
34	÷
35	÷
36	÷
37	÷
38	✓
39	✓
40	✓✓
41	✓✓
42	✓✓
43	✓✓
44	✓✓
45	✓✓
46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
Final	
Original	5/23/01
51	✓✓
52	✓✓
53	✓✓
54	✓✓
55	✓✓
56	✓✓
57	✓✓
58	✓✓
59	✓✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy